

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

September 1, 2005

Ms. Candace A. Fry
Attorney at Law
2401 Capitol Avenue, #3A
Sacramento, CA 95816

Re: **U.S. v. Shaneko Giles**
Cr.S-05-125-MCE

FILED
SEP - 1 2005
CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY
DEPUTY CLERK

Dear Ms. Fry:

This will confirm your appointment as counsel by the Honorable Peter A. Nowinski, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,


CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Giles, Shane		3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000125-005		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																											
7. IN CASE/MATTER OF (Case Name) U.S. v. Giles		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																															
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A.F -- BANK FRAUD																																																																																																																																					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FRY, CANDACE A. 2401 CAPITOL AVENUE SUITE 3A SACRAMENTO CA 95816 Telephone Number: _____						13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise testified in court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears herein is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order: 06/20/2005 Nupre Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																															
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																					
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																					
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FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 11/90

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)U.S. vs. Bedenfield et al.
CRS-05-125

FOR

AT

ED CA
Sacramento

LOCATION NUMBER

097

PERSON REPRESENTED (Show your full name)

Shaneko Giles

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony
☐ Misdemeanor

- 1 ☒ Defendant—Adult
- 2 ☐ Defendant—Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Parole Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

05-125-MCE
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS

EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month \$ 2/04 / 300.00
per moIf married is your Spouse employed? ☐ Yes ☐ NoIF YES, how much does your
Spouse earn per month \$ N/AIf a minor under age 21, what is your Parents or
Guardian's approximate monthly income \$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$ _____
THE SOURCES _____

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ NoIF YES, GIVE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

c. 2,600.00Mazda 1997OBLIGATIONS
& DEBTS

DEPENDENTS

MARITAL STATUS
☒ SINGLE
☐ MARRIED
☐ WIDOWED
☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents0

List persons you actually support and your relationship to them

DEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Payt

no debts
(see reverse)

\$	\$
\$	\$
\$	\$
\$	\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

8/11/05

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.